

<i>SERFF Tracking Number:</i>	<i>HART-125607449</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Hartford Casualty Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>FF.07.006.2008.04</i>		
<i>TOI:</i>	<i>05.1 Commercial Multi-Peril - Non-Liability</i>	<i>Sub-TOI:</i>	<i>05.1000 CMP Sub-TOI Combinations</i>
	<i>Portion Only</i>		
<i>Product Name:</i>	<i>Property Choice</i>		
<i>Project Name/Number:</i>	<i>PC 20 22 05 08/FF.07.006.2008.04</i>		

## Filing at a Glance

Companies: Hartford Casualty Insurance Company, Hartford Insurance Company of the Midwest, Hartford Underwriters Insurance Company, Property and Casualty Insurance Company of Hartford, Trumbull Insurance Company, Twin City Fire Insurance Company, Hartford Accident and Indemnity Company, Hartford Fire Insurance Company

Product Name: Property Choice      SERFF Tr Num: HART-125607449      State: Arkansas  
 TOI: 05.1 Commercial Multi-Peril - Non-Liability      SERFF Status: Closed      State Tr Num: EFT \$50  
 Portion Only

Sub-TOI: 05.1000 CMP Sub-TOI Combinations      Co Tr Num: FF.07.006.2008.04      State Status: Fees verified and received  
 Filing Type: Form      Co Status: Initial Filing      Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding  
 Disposition Date: 05/06/2008

Authors: Joyce Driscoll, Marilu Gonzalez, David Logan, Sima Nizami, Angela Isaac, Doug Wootten  
 Date Submitted: 05/01/2008      Disposition Status: Approved  
 Effective Date Requested (New): 09/06/2008      Effective Date (New): 09/06/2008  
 Effective Date Requested (Renewal): 09/06/2008      Effective Date (Renewal): 09/06/2008

State Filing Description:

## General Information

Project Name: PC 20 22 05 08	Status of Filing in Domicile: Pending
Project Number: FF.07.006.2008.04	Domicile Status Comments: Filed in both CT and IN
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 05/06/2008	
State Status Changed: 05/06/2008	Deemer Date:
Corresponding Filing Tracking Number:	

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#### Filing Description:

New coverage endorsement PC 20 22 05 08, Food Contamination Costs, to be added to the policy without charge:  
 IF either Restaurant SPICE endorsement (PC5058 or PC5059) is part of the policy,  
 AND the policy also includes Special Business Income Coverage (PC0020)

## Company and Contact

### Filing Contact Information

Douglas Wootten, Commercial Lines Product Consultant	dwootten@thehartford.com
Hartford, Plaza HO-2-19	(860) 547-4149 [Phone]
Hartford, CT 06115	(860) 547-4849[FAX]

### Filing Company Information

Hartford Casualty Insurance Company	CoCode: 29424	State of Domicile: Indiana
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-0294398	
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Hartford Insurance Company of the Midwest	CoCode: 37478	State of Domicile: Indiana
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-1008026	
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Hartford Underwriters Insurance Company	CoCode: 30104	State of Domicile: Connecticut
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-1222527	
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Property and Casualty Insurance Company of Hartford	CoCode: 34690	State of Domicile: Indiana
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-1276326	

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Trumbull Insurance Company CoCode: 27120 State of Domicile: Connecticut  
Hartford Plaza Group Code: 91 Company Type: Property  
Hartford, CT 06115 Group Name: State ID Number:  
(860) 547-5000 ext. [Phone] FEIN Number: 06-1184984

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Twin City Fire Insurance Company CoCode: 29459 State of Domicile: Indiana  
Hartford Plaza Group Code: 91 Company Type: Property  
Hartford, CT 06115 Group Name: State ID Number:  
(860) 547-5000 ext. [Phone] FEIN Number: 06-0732738

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Hartford Accident and Indemnity Company CoCode: 22357 State of Domicile: Connecticut  
690 Asylum Ave Group Code: 91 Company Type: Property  
Hartford, CT 06115 Group Name: State ID Number:  
(860) 547-5000 ext. [Phone] FEIN Number: 06-0383030

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Hartford Fire Insurance Company CoCode: 19682 State of Domicile: Connecticut  
Hartford Plaza Group Code: 91 Company Type:  
690 Asylum Avenue  
Hartford, CT 06115 Group Name: State ID Number:  
(860) 547-5000 ext. [Phone] FEIN Number: 06-0383750  
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SERFF Tracking Number: HART-125607449 State: Arkansas

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## Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Hartford Casualty Insurance Company	\$50.00	05/01/2008	20043020
Hartford Insurance Company of the Midwest	\$0.00	05/01/2008	
Hartford Underwriters Insurance Company	\$0.00	05/01/2008	
Property and Casualty Insurance Company of Hartford	\$0.00	05/01/2008	
Trumbull Insurance Company	\$0.00	05/01/2008	
Twin City Fire Insurance Company	\$0.00	05/01/2008	
Hartford Accident and Indemnity Company	\$0.00	05/01/2008	
Hartford Fire Insurance Company	\$0.00	05/01/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	05/06/2008	05/06/2008

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## Disposition

Disposition Date: 05/06/2008  
Effective Date (New): 09/06/2008  
Effective Date (Renewal): 09/06/2008  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Explanatory Memorandum	Approved	Yes
Form	Food Contamination Costs	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Food Contamination Costs	PC 20 22	05 08	Endorsement/Amendment/Conditions		0.00	PC 20 22 05 08.pdf





**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **FOOD CONTAMINATION COSTS**

This endorsement modifies insurance provided under the following:

### **PROPERTY CHOICE SPECIAL BUSINESS INCOME COVERAGE FORM**

The following Additional Coverage is added:

#### **A. Food Contamination Costs**

We will pay the actual loss of Business Income you sustain and Extra Expenses, as defined and limited below, if your business operations are ordered by a governmental authority to be suspended due to the discovery of or the suspicion of food contamination at a "scheduled premises" during the policy period.

1. Business Income Coverage begins at the time you were notified by the governmental authority to suspend your business operations at a "scheduled premises" and ends when the notification to resume your business operations at that same "scheduled premises" is given from the same governmental authority.
2. Food contamination as used in this endorsement means an incidence of food poisoning to one or more of your patrons that is caused by or results from:
  - a. Tainted food you purchased, improperly stored, handled or prepared; or
  - b. A communicable disease that was transmitted by you or one or more of your employees.
3. Governmental authority as used in this endorsement means the entity having jurisdiction over your operations relating to health and hygiene standards necessary to protect the general public.
4. Extra Expense coverage as provided in this endorsement means and is limited to the following costs:
  - a. The cost to clean and sanitize your equipment as required by the governmental authority;

- b. The cost to replace food which is or is suspected of being contaminated; and
- c. The cost of necessary medical tests or inoculations for your employees to prevent the spread of identified or suspected communicable diseases to your patrons through the ingestion of your food product.

- B.** The most we will pay under this Additional Coverage for the actual loss of Business Income you sustain and Extra Expenses as defined and limited in this endorsement, regardless of the number of patrons or "scheduled premises" involved in any one order by a governmental authority, is \$25,000.

We will not pay:

1. Any fines, penalties or any other costs, levied against you by any governmental authority as the result of the order of suspension due to the discovery of or the suspicion of food contamination at your "scheduled premises".
  2. Any product recall costs or expenses.
- C.** We will pay up to \$2,500 for advertising costs to regain customers following the notification to resume "operations" at that same "scheduled premises" by the governmental authority. Advertising cost coverage ends 30 days after the government authority provides you with the notification to resume your business operations at that same "scheduled premises" where the food contamination occurred. This advertising expense is an additional amount of insurance.

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## Rate Information

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty  
**Review Status:** Approved 05/06/2008  
**Comments:**  
Attached is the Uniform Transmittal Document-Property & Casualty.  
**Attachment:**  
AR PC-TD.pdf

**Satisfied -Name:** Explanatory Memorandum  
**Review Status:** Approved 05/06/2008  
**Comments:**  
Attached is the Explanatory Memorandum.  
**Attachment:**  
PC 20 22 Explanatory Memo.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>
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<b>2. Insurance Department Use only</b>	
a. Date the filing is received:	
b. Analyst:	
c. Disposition:	
d. Date of disposition of the filing:	
e. Effective date of filing:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

<b>3. Group Name</b>	<b>Group NAIC #</b>
Hartford Financial Services Group	00914

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Hartford Fire Ins. Co.	Connecticut	00914-19682	06-0383750	
Hartford Accident & Indemnity Co.	Connecticut	00914-22357	06-0383030	
Hartford Casualty Ins.Co.	Indiana	00914-29424	06-0294398	
Hartford Underwriters Ins. Co.	Connecticut	00914-30104	06-1222527	
Twin City Fire Ins.Co.	Indiana	00914-29459	06-0732738	
Hartford Ins. Co. of the Midwest	Indiana	00914-37478	06-1008026	
Trumbull Ins. Co.	Connecticut	00914-27120	06-1184984	
Property & Casualty Ins. Co. of Hartford	Indiana	00914-34690	06-1276326	

<b>5. Company Tracking Number</b>	FF.07.006.2008.04
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Joyce Driscoll	Filing Analyst			Joyce.Driscoll
	Hartford Plaza, Hartford, CT 06115		860-547-3468	860-547-5941	@TheHartford.com
7. Signature of authorized filer			<i>Joyce Driscoll</i>		
8. Please print name of authorized filer			Joyce Driscoll		

**Filing information** (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	05.1 Commercial Multi Peril - Non-Liability Portion Only
10. Sub-Type of Insurance (Sub-TOI)	05.1000 CMP Sub-TOI Combinations
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 9/6/08    Renewal: 9/6/08
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	May 1, 2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	FF.07.006.2008.04
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
<p>New coverage endorsement PC 20 22 05 08, Food Contamination Costs, to be added to the policy without charge: IF either Restaurant SPICE endorsement (PC5058 or PC5059) is part of the policy, AND the policy also includes Special Business Income Coverage (PC0020)</p>	

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p><b>Check #:</b> EFT Processed <b>Amount:</b> \$50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)



## EXPLANATORY MEMORANDUM

### PC 20 22 05 08 Food Contamination Costs

This filing introduces new coverage endorsement PC 20 22 05 08, Food Contamination Costs.

This endorsement is targeted at the restaurants market segment, and provides broadened coverages under the Special Business Income Coverage Form, which are related to Food Contamination Costs.

This broadening endorsement is to be attached to any policy covering a restaurant **without additional charge**, if the policy also meets the following additional criteria:

- The insured has purchased **either** Supplemental Property Insurance Coverage Endorsement (SPICE) For Restaurants **PC 50 58** or SPICE for Restaurants (Deluxe) **PC 50 59**, AND
- The insured has purchased Special Business Income Coverage PC 00 20.